

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024457

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

#6104

STATE FILE NUMBER

FILED JUL 2 1962

1. PLACE OF DEATH

a. COUNTY

ST LOUIS MISSOURI

b. CITY (If outside corporate limits, give TOWNSHIP only)

ST LOUIS MISSOURI

Length of stay in 1b

1 Month

c. FULL NAME OF (If NOT in hospital, give location)

FIRMIN Desloge Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

ST LOUIS

b. COUNTY

MISSOURI

c. CITY

OR

ST LOUIS MISSOURI

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

1501 South Grand

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

JEWEL

BROYLES

4. DATE

Month

Day

Year

OF

DEATH

6

17

62

5. SEX

MALE

6. COLOR OR RACE

COLORED

7. Married

Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

11-28-96

9. AGE (last birthday)

65

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

custodian

10b. KIND OF BUSINESS OR INDUSTRY

St. Louis Health C

11. BIRTHPLACE (City and state or country)

MISSOURI, Fulton

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Broyles, Thurston

13b. MOTHER'S MAIDEN NAME

Woods, Mollie

14. NAME OF HUSBAND OR WIFE

Ellen Broyles

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

Yes

(If yes, give war or dates of service)

W.W.I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Ellen Broyles 1501 S. Grand

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Massive Gastrointestinal hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

541.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Mycosis Fungoides

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 8, to June 17 and last saw her alive on June 17, 1962

Death occurred at 11:00 AM

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert R. McDonald, Jr. M.D.

22b. ADDRESS

1325 S. Grand Blvd.

22c. DATE SIGNED

6/18/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

6-21-1962

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

Jefferson Bks.

Mo.

24. FUNERAL DIRECTOR

ADDRESS

B. B. Keener 1221 N. Grand

25. DATE RECD. BY LOCAL REG.

JUN 19 1962

26. REGISTRAR'S SIGNATURE

Robert Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Oliver E. Crumble

Licensed Embalmer No.

5185

P. O. Address

1221 N. Grand

Notes: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.